

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6498 STATE FILE NUMBER 63-047970

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>30 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>		d. STREET ADDRESS (If outside, give location) <u>4237 VIRGINIA AVENUE</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>JULIA</u> Last <u>CURRAN</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>30</u> Year <u>1963</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-22-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	9. AGE (last birthday) <u>72</u>
11a. FATHER'S NAME <u>THOMAS PETERS</u>		11b. MOTHER'S MAIDEN NAME <u>MIRINDA CLARK</u>	11. BIRTHPLACE (City and state or country) <u>LIBERTY, MO.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. NAME OF HUSBAND OR WIFE <u>HARVEY CURRAN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. RALPH DAWKINS, K.C. NORTH MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cereb. Vasc. Accident.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:05</u> a.m. <u>p.m.</u> Month, Day, Year <u>29 Nov 63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>29 Nov 63</u> to <u>30 Nov 63</u> and last saw him alive on <u>30 Nov 63</u> Death occurred at <u>10:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert M. Myers M.D.</u>		22b. ADDRESS <u>906 Grand Ave.</u>	22c. DATE SIGNED <u>20 Dec 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC-3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEM. GARD.</u>	23d. LOCATION (City, town, or county) (State) <u>GLADSTONE MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS, K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-63</u>	26. REGISTRAR'S SIGNATURE <u>Reasil Smith</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Robert M. Myers, M.D.

070750-0000

1 000-11111

Dr. Robert M. M...
1304 South Ridge

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Reich

Licensed Embalmer No.

4998

P. O. Address

A. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.